

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC-375 (03-29-06)	ORDER FOR TOTAL DISABILITY w/Social Security Offset	CASE NO'S.: VICINAGE:
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PETITIONER	SOCIAL SECURITY NUMBER:		ATTORNEY FOR PETITIONER	<input type="checkbox"/> SSN <input type="checkbox"/> FEDERAL EMPLOYER NUMBER <input type="checkbox"/> NJ REG NUMBER	
	NAME:	DOB:		NAME:	
	ADDRESS (Including County):			ADDRESS:	
VS					
RESPONDENT	NAME:		INSURANCE CARRIER	TELEPHONE NUMBER (AREA CODE):	
	ADDRESS (Including County):			APPEARING:	
ATTORNEY FOR RESPONDENT	NAME:		INSURANCE CARRIER	NAME <input type="checkbox"/> SELF-INSURED <input type="checkbox"/> TPA	
	ADDRESS:			CLAIM NUMBER:	
	TELEPHONE NUMBER (AREA CODE):			DATE OF ACCIDENT OR OCCUPATIONAL EXPOSURE:	
	APPEARING:			DESCRIBE (Briefly):	

Weekly Wages \$	Rate(s) \$	/ \$
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IF RE-OPENED PETITION, INDICATE FOR LAST AWARD: **DATE:** _____
PERMANENT: \$ _____ **TEMP:** \$ _____

This matter having come before the COURT on this _____ day of _____, _____:

- ☐ **ORDER FOR JUDGMENT**
It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent .
It is Ordered and Adjudged that Petitioner be awarded compensation benefits, payable as set forth below.
- ☐ **ORDER APPROVING SETTLEMENT**
The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just;
It is Ordered that this settlement be approved and the petitioner be paid as set forth below.

PERMANENT DISABILITY: _____

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AWARD WITHOUT SOCIAL SECURITY OFFSETS

TEMPORARY: _____ Weeks at \$ _____ = \$ _____ less \$ _____ paid = Balance due \$ _____

PERMANENT: _____ Weeks at \$ _____ = \$ _____ less \$ _____ paid = Balance due \$ _____

☐ Voluntary Tender ☐ Reopener Credit

PAYMENTS DUE FROM RESPONDENT WITH SOCIAL SECURITY OFFSETS

Payments before offset begins	_____ weeks at \$ _____	less \$ _____	Paid = \$ _____	+
Payments with auxiliaries	_____ weeks at \$ _____	less \$ _____	Paid = \$ _____	+
After auxiliaries	_____ weeks at \$ _____	less \$ _____	Paid = \$ _____	+
After offset completed	_____ weeks at \$ _____	less \$ _____	Paid = \$ _____	
TOTAL PAYMENTS			\$ _____	

MEDICAL BILLS (Doctors and/or Institutions):

Petitioner is in receipt of Social Security Disability Benefits and the initial date of entitlement was _____.

Petitioner's 80% ACE is _____ and petitioner's initial entitlement was \$ _____ including \$ _____ for auxiliary beneficiaries. Therefore respondent is entitled to an offset resulting in a rate of \$ _____ until petitioner's last auxiliary graduates from high school or turns 18 years of age, whichever is later. Thereafter, until the petitioner reaches 62 years of age on _____ the offset rate shall be \$ _____.

Name of Auxiliary	Date of Birth

The first _____ weeks of permanent disability are to be paid at the full rate of \$ _____ reflecting Petitioner's share of counsel fee and costs.

In the event there is a change in the number or status of the auxiliary beneficiaries while Petitioner is receiving Workers' Compensation benefits, Petitioner shall immediately notify the Respondent.

I further Order that Respondent furnish the Petitioner such medical attention, prosthesis, and medical supplies as the condition of the Petitioner may require. Should any emergency arise, necessitating immediate medical attention for the Petitioner, notice and request to Respondent shall not be necessary.

☐ Respondent authorizes _____ as treating physician.

